CLAIMS ONLY

Application Number	Filing Date
10/664960	

Applicant(s)

08-29-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			X	X		
2			X	X		
3			X	X		
4			/			
5			/	/		
6			/			
7				/		
8				/		
9				/		
10				/		
11				/		
12			X	X		
13			X	X		
14			X	X		
15			/			
16				/		
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49						
50						
Total Indep			3			
Total Depend			15			
Total Claims			18			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						